

Best Available Copy

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | SERIAL NO. | FILING DATE | | | | | | |
|--|----------|------|------------------------------------|------|------------------------------------|--------------|-------------|----------|------|------------------------------------|------|------------------------------------|------|
| | | | | | | 10 565439 | | | | | | | |
| | | | | | | APPLICANT(S) | | | | | | | |
| CLAIMS | | | | | | | | | | | | | |
| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | | | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | | | | | | 51 | | | | | | |
| 2 | | | | | | | 52 | | | | | | |
| 3 | | | | | | | 53 | | | | | | |
| 4 | | | | | | | 54 | | | | | | |
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| 7 | | | | | | | 57 | | | | | | |
| 8 | | | | | | | 58 | | | | | | |
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| 10 | | | | | | | 60 | | | | | | |
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| 12 | | | | | | | 62 | | | | | | |
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| 26 | | | | | | | 76 | | | | | | |
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| 36 | | | | | | | 86 | | | | | | |
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| 45 | | | | | | | 95 | | | | | | |
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| 50 | | | | | | | 100 | | | | | | |
| TOTAL IND. | | | | | | | | | | | | | |
| TOTAL DEP. | | | | | | | | | | | | | |
| TOTAL CLAIMS | | | | | | | | | | | | | |

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TOTAL IND. 2 ↓ ↓ ↓

TOTAL DEP. 33 ← ← ←

TOTAL CLAIMS 35